MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/088679**   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	†						51							
2		1					52							
3		2					53							
4		(1)					54							
5		(1)					55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
10		(1)					60							
11		(1)					61							
12		1					62							
13		(1)					63							
14		(1)					64							
15		(1)					65							
16		(1)					66							
17		(1)					67							
18		(1)					68							
19		(1)					69							
20		(1)					70							
21		(1)					71							
22		(1)					72							
23		(1)					73							
24		(1)					74							
25		(1)					75							
26		1					76							
27	1						77							
28	1						78							
29	1						79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4						TOTAL IND.							
TOTAL DEP.	26						TOTAL DEP.							
TOTAL CLAIMS	30						TOTAL CLAIMS							

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS